



State Of California  
California Commission On Teacher Credentialing  
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Sacramento, CA 94244-2700

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## VERIFICATION OF EMPLOYMENT AS AN EDUCATION SPECIALIST

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### 1. PERSONAL INFORMATION

Applicant's Full Legal Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### 2. EMPLOYING AGENCY

Title of Education Specialist Position \_\_\_\_\_

Date of Initial Employment (mm/dd/yy) \_\_\_\_\_

County of Employment \_\_\_\_\_

Name of Employing Agency \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (        ) \_\_\_\_\_ - \_\_\_\_\_

Name of Immediate Supervisor \_\_\_\_\_

Position \_\_\_\_\_

\_\_\_\_\_  
Signature of Employer or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Employer or Designee

\_\_\_\_\_  
Title

### 3. TENTATIVE PLAN FOR DEVELOPING THE INDIVIDUALIZED INDUCTION PLAN

Name of Support Provider(s) Assigned to New Specialist \_\_\_\_\_

Position Held by Support Provider(s) \_\_\_\_\_

Credential(s) Held by Support Provider(s) \_\_\_\_\_

Employing Agency (if different from teacher) \_\_\_\_\_

Institution Tentatively Selected for Development of Individualized Induction Plan and

Completion of Professional Clear Level II Program \_\_\_\_\_

**I understand I must develop an Individualized Induction Plan during the first 120 days of employment on my Preliminary Level I Education Specialist Credential with the Level II institution and employer designee.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Submit this form with Level I application; copies to Level II institution and support provider.

CL-777.1 6/01